
Guam Medicaid Program



RECIPIENT HANDBOOK
Department of Public Health & Social Service

WHO MAY APPLY FOR MEDICAID?

Elderly (65 years old and older), Blind, Families w/Dependent Children up to 20 years old, Permanently and Totally Disabled Individual, and Adult (21 to 64 years old).



The income and resources will be reviewed and assessed based on the following:

Categorical Programs:

1. Temporary Assistance to Needy Families
2. Old Age Assistance (Persons age 65 or over)
3. Aid to the Blind
4. Aid to Permanently and Totally Disabled

Categorically Needy Medicaid:

1. Children below 21 years of age and caretaker relative
2. Aged (age 65 and over)
3. Blind
4. Disabled
5. Pregnant Women



Medicaid Childless Adult:

1. Adult (19 to 64 years old)

WHERE MAY AN APPLICATION BE ACCEPTED FOR MEDICAID?

The Bureau of Economic Security (BES)/Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamp, office at three locations. **See listing on the back cover of this brochure.**

WHEN DOES ELIGIBILITY BEGIN?

When all qualifying requirements are met, eligibility begins on the first day of the three months preceding the month of application submission. The income and resources will be reviewed and assessed for eligibility and for the preceding months.

CAN A PERSON WITH OTHER INSURANCE APPLY FOR MEDICAID?

YES, it is also the only allowable deduction, health insurance premium, to the gross income for eligibility. The income and resources will be reviewed and assessed for eligibility and adjustment. The primary insurance must be billed first; Medicaid Program is the payer of last resort.

IF ELIGIBLE, DO I RECEIVE A MEDICAID CARD?

You will receive a Notice of Action (NOA) in lieu of a Medicaid card mailed to the address indicated in your application on the following month after you are determined eligible. You should inform your ES of any changes in address. If you do not receive your NOA by the tenth (10) of the month, you should contact your ES. **Participating Medicaid providers can verify your eligibility.**

WHAT BENEFITS DOES MEDICAID PROVIDE?

* WITH LIMITATIONS

XX-Benefits Not Covered

BENEFITS	Medicaid Benefit Plan	Alternative Benefit Plan (ABP)	BENEFITS	Medicaid Benefit Plan	Alternative Benefit Plan (ABP)
Abortion*	√	XX	Home Health Services*	√	√
Acupuncture*	XX	√	Hospice Care*	√	√
Acute Inpatient Services*	√	√	Immunizations/ Vaccinations*	√	√
Ambulance and Medical Transportation *	√	√	Inhalation Therapy*	XX	√
Ambulatory Surgi-Center Care*	√	√	Maternity Care*	√	√
Audiological Examination*	√	√	Mental Health Services*	√	√
Blood and Blood Products	√	√	Nuclear Medicine	√	√
Breast Reconstructive Surgery*	XX	√	Occupational Therapy*	√	√
Cardiac Related Services*	√	√	Off-Island Medical Care*	√	√
Cataract Surgery*	√	√	Off-Island Medical Travel*	√	√
Chemical Dependency*	√	√	Orthopedic Services/Conditions*	√	√
Chemotherapy	√	√	Pharmaceutical Prescriptions*	√	√
Circumcision*	√	XX	Physical Examinations (PE)/EPSDT*	√	√
Chiropractic*	XX	√	Physical Therapy*	√	√
Congenital Anomaly Diseases Coverage	√	√	Physician Care & Services	√	√
Elective Surgery*	√	√	Prenatal Care	√	√
Emergency Care*	√	√	Prosthetic Appliances*	√	√
Emergency Room Services	√	√	Radiology *	√	√
End Stage Renal Disease/Hemodialysis	√	√	Radiation Therapy	√	√
Eye Glasses*	√	XX	Skilled Nursing Facility*	√	√
Eye Refraction*	√	XX	Sleep Apnea*	√	√
Dental Services*	√	XX	Tobacco-Use Cessation Treatment*	√	XX
Diagnostic Testing*	√	√	Voluntary Sterilization Services*	√	√
Durable Medical Equipment / Supplies*	√	√	Well Child Care/EPSDT*	√	XX
Fitness*	XX	√	Wellness*	XX	√
Hearing Aid*	√	√			

Dental Benefits



Emergency Dental Services - Children 16 years old and below and adult 55 years old and above must initially request these services at Public Health Dental Clinic.

Dentures (limited as part of post trauma treatment).

WHAT COVERED SERVICES REQUIRE PRIOR AUTHORIZATION FROM MEDICAID?

- Hospitalization at GMHA/GRMC acute ward for more than 60 days.
- Elective surgery, for which you have to be admitted one or more days before the surgery is scheduled.
- Medically indicated circumcision
- Physical and Occupational Therapy
- CT Scan, MRI, and MRA
- Abortion in special circumstances
- Refractive Eyes Examination and Eyeglasses
- Routine Physical Examination
- Durable Medical equipment
- Medical/Surgical supplies
- Hearing evaluation and Hearing Aid
- Sterilization
- Off-island medical care and air transportation

WHAT SERVICES ARE NOT COVERED BY MEDICAID?

- Cosmetic Surgery
- Inpatient Mental disorders and Psychiatric services
- Private Duty Nursing Services
- Personal comfort of patient's convenience items
- Any services requiring Prior Authorization, where authorization has not been obtained or was denied
- Admission primarily for rest care, custodial or convalescent care, etc.
- Non-Emergency use of Emergency Room
- Services inappropriate for the patient's diagnosis
- Unskilled and homemaker services
- Immunizations and vaccines readily available free of charge at Public Health Clinic
- Chiropractor's and Acupuncture services
- Eyeglasses with correction below plus or minus .50 diopters or 10 cylinder axis, and contact lenses
- Speech Therapy
- Dentures not related to trauma
- Experimental drugs, vitamins/minerals, obesity control pharmaceutical, food supplements, milk modifiers, infant formula, therapeutic diets, over the counter and FDA listed ineffective drugs.
- Eyeglasses within 2 years from the date of last purchased by the program
- Hearing aids within 3 years from the date of last purchased by the program
- Intermediate Care Facility services
- Rehabilitative Services
- Hospice Care
- Case Management Services
- Personal care services in recipient's home
- Off-island cost of meals, ground transportation, and lodging for patients referred off-island for treatment and their relatives.





Seeking Medical Care

WHERE SHOULD I GO IF I NEED MEDICAL CARE?

If you need medical care during clinic hours see one of the doctors who is a Medicaid provider.

WHEN SHALL I USE THE GMHA/GRMC EMERGENCY ROOM?

After CLINIC HOURS, in an emergency situation (accident, severe pain, bleeding, difficulty of breathing or any other condition which is not treated immediately will endanger your life or health), go to the emergency room of GMHA/GRMC for medical services. However, Medicaid will not be responsible for payment if you use emergency room for non-emergency care.

WILL MEDICAID PAY FOR MEDICAL BILLS I ALREADY HAVE?

If you have accumulated those bills within the three (3) months before you filed your application and the bills are for types of services listed on this brochure and do not require prior authorizations, Medicaid can pay for them. This is not automatic benefit. Your income and resources for that period are subject to review.

HOW ARE MEDICAL BILLS PAID?

All payments covered by the Medicaid Program are made directly to the hospital, clinics, dentist, and other providers. Should you have paid for the bills, Medicaid **WILL NOT** reimburse you.

Federal Penalties for Fraud under the Medicaid Program

You may be prosecuted if you:

- Knowingly and willfully make any false statement or representation in the application for medical assistance benefits.
- Knowingly and willfully make any false statement or representation in order to qualify for benefits.
- Intentionally conceal any facts that affect your eligibility for the purpose of receiving or continuing to receive benefits for which you were not entitled to.



If you see or know of anyone who is making false declarations to obtain Medicaid benefits, or charge Medicaid for medical care not provided, please call the Investigation Recovery Services Section at 735-7353.

Non-Discrimination Notice

Anyone who believes he or she has been discriminated against because of race, color, religion, national origin, age, sex, political beliefs, disability or status with respect to marriage or public assistance, in accordance with Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, the Age Discrimination Act, and the Americans with Disabilities Act, and the Americans with Disabilities Act, may file a written complaint of the alleged discrimination.

DPHSS Bureau of Economic Security

CENTRAL (Mangilao, 2nd Floor)

Telephone Number: **735-7245/7274**

District Covered: Agana Heights, Agat, Asan, Barrigada, Chalan-Pago, Hagåtña, Maina, Mangilao, Mongmong-Toto-Maite, Ordot, Piti, Santa Rita, Sinajana and Yona

NORTHERN (Dededo)

Telephone Number: **635-7429/7488**

District Covered: Dededo, Harmon, Tamuning, Tumon and Yigo

SOUTHERN (Inarajan)

Telephone Number: **828-7542/8524**

District Covered: Inarajan, Merizo, Talofofo and Umatac



WEBSITE ADDRESS: www.dphss.guam.gov